

September 3, 2002

MDR #: M2-02-0864-01
IRO Certificate No.: I RO 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Psychiatry.

The physician reviewer DISAGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that psychotherapy twice weekly for six (6) weeks, and medication management for six (6) sessions is medically necessary in this case.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3rd day of September 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ____ for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File # M2-02-0864-01 in the area of Psychiatry. The following documents were presented and reviewed.

A. **MEDICAL INFORMATION REVIEWED:**

1. Request for review of denial of psychotherapy twice weekly for six weeks and medication management for six sessions.
2. Correspondence
3. History and physical and pain management assessment
4. Progress notes
5. Therapy and rehab records
6. Radiology report

B. **BRIEF CLINICAL HISTORY:**

The patient apparently had an injury while working on _____. She had a re-authorization for twelve (12) sessions of psychotherapy with medical management, which was denied. Pre-authorization was denied by the insurance company due to their opinion that there

was “no reasonable association provided between presumptive occupational event and behavioral health issues” and no explanation for a delay in treatment.

The patient had had a prior back injury in ____, but apparently she had been fairly well healed from this. She then either had a re-injury with recurrence or a separate injury as stated, to her back.

There were notes from ____ from ____ that adequately documented the patient’s depression, anxiety, grief and frustration with her inability to work and the changes that her injury had impacted in her personal life including difficulty functioning at home, having to give up numerous activities in which she had previously been involved and difficulty even with activities of daily living. They also noted that she had mental stress and was having difficulty managing her pain, from their note on 3/04/02. She had been referred to a behavioral management program and participated in that between late February 2002 and late April 2002, with waxing waning course but ongoing chronic pain and disability.

C. DISPUTED SERVICES:

Pre-authorization for twice-weekly psychotherapy for six weeks and medication management for six sessions

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

There is clearly adequate documentation of the patient’s chronic pain and disability from ____ and ____ assessments from 3/04/02. The patient and treatment providers could not know at the time of injury and shortly thereafter that this would turn from a case of an acute into a chronic pain problem, and this would, by definition, not have been able to develop any other way but over time.

So, in my medical opinion, the patient is suffering from psychological sequelae due to what initially was an acute and turned into a chronic pain problem, and the subsequent disability from this chronic pain. I do believe that this patient should be approved for the 12 sessions of twice-weekly psychotherapy for six weeks and six sessions of medication management, as her psychological status has deteriorated in the face of this chronic pain and stress, and it appears at this point to potentially be interfering with her ability to recover and return to the workforce.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.